



## **INDIVIDUAL DEVELOPMENT ACCOUNT PROGRAM TAX CREDIT APPLICATION**

**APPLICATION DUE DATE:  
June 12, 2015 by 5:00 pm/EST**

Return all grant applications via e-mail to:  
[taedwards@ihcda.in.gov](mailto:taedwards@ihcda.in.gov)

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## **PART 1 INTRODUCTION**

### **I. PURPOSE OF THIS APPLICATION**

**Notice of Funding Opportunity:** The Indiana Housing and Community Development Authority (“IHCDA”) is requesting applications from organizations to receive tax credits. Tax credits that are awarded to organizations can be sold to individuals or entities that contribute to that organization’s individual development account fund established pursuant to Indiana Code 4-4-28-13 and used to offset the donor’s tax liability as described in Indiana Code 6-3.1-18-6.

### **II. ABOUT THE INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY**

**Mission Statement:** The Indiana Housing and Community Development Authority (IHCDA) creates housing opportunities, generates and preserves assets, and revitalizes neighborhoods by facilitating the collaboration of multiple stakeholders, investing financial and technical resources in development efforts, and helping build capacity of qualified partners throughout Indiana.

**About Indiana Housing and Community Development Authority:** IHCDA was created in 1978 by the Indiana General Assembly and is a quasi-public financially self-sufficient statewide government agency. IHCDA’s mission is for every Hoosier to have the opportunity to live in safe, affordable, good-quality housing in economically stable communities. IHCDA believes that growing Indiana’s economy starts at home.

IHCDA’s programs are successful in large part because of the growing network of established partnerships with local, state, and federal governments, for-profit businesses, and not-for-profit organizations. IHCDA’s for-profit partners include investment banks, mortgage lenders, commercial banks, corporate investment managers and syndicators, apartment developers, investors, homebuilders, and realtors. IHCDA’s not-for-profit partners include community development corporations, community action agencies, and not-for-profit developers.

**Community Programs Department Overview:** In 2007, the Governor of the State of Indiana, Mitchell E. Daniels, Jr., designated IHCDA as the lead agency for the purpose of carrying out State activities for the Community Service Block Grants (“CSBG”), Weatherization (“Wx”), and the Energy Assistance Program (“EAP”). IHCDA created the Department of Energy Programs in 2011, which was tasked with overseeing the allocation, implementation and monitoring of the energy programs and the CSBG program funded through the U.S. Department of Energy (“DOE”) and the U.S. Department of Health and Human Services (“HHS”). In 2013, the programs were transferred to the Community Programs Department, which also encompasses the Individual Development Account Program, the Housing Choice Voucher Program, and Homelessness Prevention Initiatives.

**Funding Summary:** According to Indiana Code 6-3.1-18-10, IHCDA is authorized to allocate no more than \$200,000 in Individual Development Account (“IDA”) tax credits during any state fiscal year. These credits may be allocated to any community development corporation as defined by Indiana Code 4-4-28-2. Similar to other tax credit programs at IHCDA, the tax credits may be sold to donors that contribute to that organization’s individual development account fund

established pursuant to Indiana Code 4-4-28-13 and used to offset the donor's tax liability as described in Indiana Code 6-3.1-18-6.

**Uses of Tax Credits:** The funds generated from the sale of the tax credits awarded hereunder must be placed in an individual development account fund, in accordance with IC 4-4-28-13, to provide money to be used to finance additional IDA accounts to be administered by the applicant. The applicant would be allowed to use up to twenty percent of the first \$100,000 dollars deposited each calendar year in the fund to help pay for its expense related to the administration of these accounts. All deposits in the fund of more than one hundred thousand dollars (\$100,000) during each calendar year may be used only to fund accounts administered by the applicant. **The applicant cannot use federal funds to match these accounts.** Using the model of the IDA program, funds from the sale of tax credits will be used to match savings deposits of IDA program participants. The participants will have an asset specific goal and be eligible to make a qualified purchase as listed in IC 4-4-28-5, which includes: education, job training, homeownership, owner-occupied rehabilitation, principal reduction or business development and expansion. **Again, these accounts cannot be matched with federal funds.**

**Purpose of the 2015 Tax Credit Application:** To apply for the tax credits under this program, eligible applicants must submit a written proposal to the Community Programs Analyst. This application serves as the notice of funding availability and provides the structure for applicants to submit a written proposal.

**Term of contract:** The term of the agreement is one (1) year, or July 1, 2015 to June 30, 2016. All tax credits must be sold by June 30, 2016. Tax credit recipients will be required to participate in a mid-program follow up by January 30, 2016 and provide a closeout report by July 31, 2016.

### III. MINIMUM REQUIREMENTS

**Eligible Applicant:** As defined in IC 4-4-28-2, a community development corporation is a private nonprofit corporation with the following characteristics:

- A board of directors that is primarily composed of community representatives and business, civic, and community leaders; and
- Whose principal purpose includes the provision of housing, community based economic development projects, or social services that primarily benefit low income individuals and communities.

### IV. APPLICATION TIMELINE

**Submission date:** All grant applications are due by June 12, 2015 by 5:00 pm EST.

**Submission format:** All applicants must submit an electronic copy of the grant application. The grant application should be emailed to Taura Edwards, Director of Community Programs at [taedwards@ihcda.in.gov](mailto:taedwards@ihcda.in.gov).

**Public Record:** Applicant is advised that materials contained in this proposal are subject to the Access to Public Records Act ("APRA"), IC 5-14-3 et seq., and after the credits are awarded, the

entire file may be viewed and copied by any member of the public. Any applicant claiming a statutory exception to APRA must place all confidential documents (including the requisite number of copies) in a sealed envelope marked "Confidential." IHCD A reserves the right to make determinations of confidentiality or seek the opinion of the Public Access Counselor. Prices are not confidential information.

## **PART 2 APPLICATION PROCESS**

### **I. SELECTION PROCESS**

Evaluation of all applications will be completed by IHCD A. Based on the evaluation criteria, a short list of the highest ranked proposals may be selected and notified, and separate negotiations may be conducted with each selected entity to discuss its proposal. At the conclusion of these negotiations, IHCD A will establish a deadline for final offers from each of the selected firms. Final selection will be at the discretion of IHCD A. IHCD A will not return proposals to applicants nor publish scoring.

### **II. QUALIFICATION EVALUATION CRITERIA**

The following will be IHCD A's primary consideration in the selection process:

1. Compliance with requirements of this application
2. An assessment of the applicant's ability to administer the project in accordance with the specifications set out in the application
3. Experience of the applicant administering the IDA program
4. Demonstrated understanding of (featured program) and proposed strategy for management.

### **III. APPLICATION SUBMISSION ITEMS**

#### **Section 1: Agency Overview- Total: 20 points**

*This section cannot exceed ten (10) pages.*

#### **Organizational Capacity Summary of Organizational Qualifications (6 points)-**

Please include a brief summary of the applicant's history and experience in administering programs for low income families and communities. Also include the items listed below:

- a. A copy of your business' State of Indiana Certificate of Existence from the Secretary of State.
- b. Copies of pertinent organizational certifications, designations, licensures.
- c. Minority-owned Business Enterprise/Women-owned Business Enterprise (MBE/WBE) designations, if any.
- d. Experience with federal grants management and OMB Circulars

This section should not exceed three (3) pages.

**Summary of Current Projects (5 points)-** A brief summary of the most recent projects to support organizational qualifications (no more than 2 pages). This summary should include projects that are similar to IDA Tax Credits or other self-sufficiency programs.

**Experience with Individual Development Accounts (5 points)-** A brief summary of the organization's experience with the program administration of an Individual Development Account Program and management of an individual development account fund as described in Indiana Code 4-4-28-13 (no more than 2 pages).

**Principal Staff (2 points)-** A brief summary of the organization's executive management team (no more than 2 pages).

**Designated Project Staff (2 points)-** Names, titles, and responsibilities, of staff responsible for administering this project. Identify the primary point of contact for this proposal (no more than 1 page).

**Section 2: Program/Project Description- Total: 50 points**

*This section cannot exceed six (6) pages.*

**Program/Project Summary (15 points) -** Please provide a summary of the IDA project to be funded by the tax credits. The summary should include: clients/benefit recipients, recruitment, intake (if applicable), marketing and public relations. Please explain, in detail, the structure and scope of the program including the match rate for the savings accounts, eligible uses of funds for the program participants, and tracking system that will be used to track contributions to and matching funds for IDA accounts.

**Recruitment and Outreach (10 points) -** The applicant must outline the outreach and recruitment plan for potential program participants.

**Determination of Need (10 points) -** In this section please explain how your agency decided on these project/activities/services (i.e. surveys or assessments that were used). Who was involved in the decision making? Include any barriers or challenges the agency may encounter.

**Program Recipients/Client (5 points) -** Discuss the demographics of the population the program/activities/services will impact

**Project Objectives and Goals (5 points)-** Please provide a summary of the objectives and goals that the program or project will achieve.

**Timeline (5 points)** - Provide a timeline for planning, implementation, and evaluation of the program or project. Include staff and resources to be utilized throughout the timeline. To be eligible for funding, the timeline must ensure that all tax credits are sold prior to June 30, 2016.

**Section 3: Budget/Budget Narrative- Total: 20 points**

**Funding Request and Budget Narrative** (20 points) The funding request should outline the amount of tax credits that you are requesting. The budget narrative should include one-year budget for all costs associated with this project, beginning July 1, 2015 through June 30, 2016. The projected income should include the revenue generated from the sale of tax credits and administrative expenses. Per IC 4-4-28-13(c), the administrative budget should not exceed 20 percent of the total program costs of the first \$100,000 deposited during this state fiscal year for the program (July 1 to June 30). The budget should ensure that all credits are sold within the state fiscal year.

**Section 4: Reporting/Evaluation- Total: 10 points**

**Evaluation Plan** (10 points) Use this section to describe the methods and criteria that will be used to measure whether the project goals/objectives have been achieved. List and provide any surveys or assessment tools that may be used (if available). The recipient will be required to close out the grant within 30 days after the award period and provide a closeout report detailing the impact of the funds.

**Scoring Process**

It is possible for an applicant to receive up to 100 points.

#### IV. FORMAT FOR SUBMISSION, MAILING INSTRUCTIONS, AND DUE DATE

##### **Tentative Review Timeline**

May 28, 2015	Grant Application Released to the Public
June 12, 2015	Grant Applications Due to IHCD by 5:00pm/EST
June 15-17, 2015	IHCDA Review Period
June 25, 2015	IHCDA Board Meeting for Approval
June 26, 2015	Notification of Awards
July 1, 2015	Grant Award Sent to Recipient

**Submission Format:** All applicants must submit an electronic copy of the grant application. The grant application should be emailed to Taura Edwards at [taedwards@ihcda.in.gov](mailto:taedwards@ihcda.in.gov). IHCD will provide a confirmation email upon timely receipt of the application.

**Submission Materials:** Respondents may submit supporting materials, such as an annual report, most recent financial documents demonstrating annual revenue and expenses, examples of assessment tools, training plans developed for other clients, evaluation tools, and workshop documents.



## **PART 3 TERMS AND CONDITIONS**

### **I. STATE POLICIES**

1. **Employment Eligibility Verification.** The applicant cannot knowingly employ an unauthorized alien. The applicant shall require its contractors who perform work for the applicant pursuant to the project must certify to the applicant that the contractor does not knowingly employ or contract with an unauthorized alien.
2. **Confidentiality of State Information.** The applicant understands and agrees that data, materials, and information disclosed to the applicant may contain confidential and protected information. The applicant covenants that data, material, and information gathered, based upon or disclosed to the applicant for the purpose of this project will not be disclosed to or discussed with third parties without the prior written consent of the IHCD. In addition to the covenant made above in this section and pursuant to 10 IAC 5-3-1(4), the applicant and IHCD agree to comply with the provisions of IC §4-1-10 and IC §4-1-11. If any Social Security number(s) is/are disclosed by applicant, applicant agrees to pay the cost of the notice of disclosure of a breach of the security of the system in addition to any other claims and expenses for which it is liable under the terms of this contract.

### **II. APPLICATION TERMS AND CONDITIONS**

This application or any subsequent award related hereto is subject to the following terms and conditions:

1. This application is a request for the submission of proposals, but is not itself an offer and shall under no circumstances be construed as an offer.
2. IHCD expressly reserves the right to modify or withdraw this application, or any part of it, at any time, whether before or after any proposals have been submitted or received.
3. IHCD reserves the right to reject and not consider any or all submissions that do not meet the specified requirements, including but not limited to: incomplete applications and/or proposals offering alternate or non-requested services or ineligible activities.
4. IHCD may reject any or all submissions submitted in response to this application at any time prior to entering into a written agreement.
5. In the event the applicant selected does not enter into the required agreement to carry out the purposes described in this application, IHCD may, in addition to any other rights and remedies available at law or in equity, withdraw the selection and commence negotiations with another applicant.
6. In no event shall any obligation of any kind be enforceable against IHCD unless and until a written agreement is entered into.

7. Each applicant agrees to bear all costs and expenses of its response and there shall be no reimbursement for any costs or expenses relating to the preparation of this application or for any costs or expenses incurred during negotiations.
8. By submitting a response to this application, each applicant waives all rights to protest or seek any remedies whatsoever regarding any aspect of this request, the selection of an applicant or applicants with whom to negotiate, the rejection of any or all offers to negotiate, or a decision to terminate negotiations.
9. IHCDCA reserves the right to reject any or all applicants, to waive any informality in the application process, or to terminate the application process at any time, if deemed to be in its best interest.
10. IHCDCA reserves the right not to award a grant pursuant to this application.
11. All items become the property of IHCDCA upon submission and will not be returned to applicant.
12. IHCDCA reserves the right to split the award between multiple applicants and make the award on a category by category basis and/or remove categories from the award.
13. Applicant certifies that neither it nor its principals, contractors, or agents are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from utilizing federal funds by any federal or state department or agency.
14. A copy of IHCDCA's Contract Boilerplate is attached as an Exhibit to this Application. By submitting a response to this Application, applicant acknowledges the acceptance of IHCDCA's Contract Boilerplate and the understanding that such Boilerplate is non-negotiable.

### **III. RESPONSIBLE APPLICANT REQUIREMENTS**

IHCDCA shall not award any funding until the selected applicant, has been determined to be responsible. A responsible applicant must:

1. Have adequate financial resources to perform the project, or the ability to obtain them;
2. Be able to comply with the required or proposed delivery or performance schedule, taking into consideration all the applicants commitments;
3. Have a satisfactory performance record with IHCDCA;
4. Have a satisfactory record of integrity and business ethics;
5. Have the necessary organization, experience, accounting and operational controls, and technical skills, or the ability to obtain them;
6. Have the necessary production, construction, and technical equipment and facilities, or the ability to obtain them;
7. Have supplied all requested information;

8. Be legally qualified to contract in the State of Indiana and is an entity described in IC Title 23, is properly registered, and owes no outstanding reports to the Indiana Secretary of State (There is a fee to register with the Secretary of State); and
9. Be otherwise qualified and eligible to receive an award under applicable laws and regulations, including not be suspended or debarred. If a prospective contractor is found to be non-responsible, a written determination of non-responsibility shall be prepared and included in the official file for this application, and the applicant shall be advised of the reasons for the determination.

#### **IV. QUALIFICATIONS COVER SHEET**

1. Cover sheet shall contain the following information:

**Name of  
Individual, Firm  
or Business:**

**Address:**

**Phone Number:  
Fax Number:  
Web Site Address:**

**QUALIFICATION  
Contact Person:**

**Title:  
Email Address:  
Phone:**

**Contract Signatory  
Authority:**

**Title:**

**V. CERTIFICATION OF APPLICANT**

I hereby certify that the information contained in these qualifications and any attachments is true and correct and may be viewed as an accurate representation of proposed activity/project to be provided by this organization. I acknowledge that I have read and understood the requirements and provisions of this application and agree to abide by the terms and conditions contained herein.

I \_\_\_\_\_ am the \_\_\_\_\_ of

the (type name of signatory authority) corporation, partnership, association, or other entity named as company and the applicant herein, and I am legally authorized to sign this and submit it to the Indiana Housing and Community Development Authority on behalf of said organization.

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_